DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

	NHR053137		001-LA
	PERMIT NUMBER		DISCHARGE NUMBER
Г	MONITO	ORIN	NG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	10/01/2016	1	12/31/2016

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI E				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)23	3-2664)1/24/2017
TYPED OR PRINTED	une and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137		001-N1
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	DRIN	IG PERIOD
MM/DD/YYYY]	MM/DD/YYYY
10/01/2016	1	12/31/2016

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI E				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI E				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI E				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI E				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137	001-UA	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
10/01/2016	12/31/2016	

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

				IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI E				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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CONCORD, NH 03301

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	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	10/01/2016	Ī	12/31/2016

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI E				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137	001-LA	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
01/01/2017	03/31/2017	

DMR Mailing ZIP CODE:

P CODE: 03301

 MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.008	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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NHR053137	001-N1	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
01/01/2017	03/31/2017	

DMR Mailing ZIP CODE:

diiii.ig 2.ii 0022.

03301

Scrap Recycling and Waste Recycling Facilities

External Outfall

MINOR

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	****	****	41	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	7.5	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.11	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	530	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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CONCORD, NH 03301

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.031	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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CONCORD, NH 03301

DMR Mailing ZIP CODE:

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.12	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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CONCORD, NH 03301

NHR053137 001-LA PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 04/01/2017 06/30/2017

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.062	mg/L	1	Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	ane and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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CONCORD, NH 03301

Г	NHR053137		001-N1
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	ORI	NG PERIOD
ſ	MM/DD/YYYY]	MM/DD/YYYY
	04/01/2017	1	06/30/2017

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No

		AUD	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	****	28	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	3.6	mg/L	1	Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.1	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	****	100	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

DMR Mailing ZIP CODE:

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.026	mg/L	1	Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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CONCORD, NH 03301

NHR053137 001-ZA
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY

06/30/2017

DMR Mailing ZIP CODE:

CODE: 03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	*****	.14	mg/L	1	Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

04/01/2017

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LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137	001-IW				
PERMIT NUMBER	PERMIT NUMBER DISCHARGE NUME				
MONI	ORING PERIOD				
MM/DD/YYYY	MM/DD/Y	ΥΥΥ			
10/01/2016	09/30/2	017			

DMR Mailing ZIP CODE: 03301

MINOR

Impaired Water **External Outfall**

No	
Discharge	

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the	Richard Carmosino	TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)87	3-1667	11/22/2017
TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137	001-LA	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
07/01/2017	09/30/2017	

DMR Mailing ZIP CODE:

-

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI C				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richard Carmosino	TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)87	3-1667	11/22/2017
TYPED OR PRINTED	arre and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No qualifying rain event

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137	001-N1						
PERMIT NUMBER	ERMIT NUMBER DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
07/01/2017	09/30/2017						

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	NG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)87	3-1667	11/22/2017
TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

Γ	NHR053137	ſ		001-UA
	PERMIT NUMBER			DISCHARGE NUMBER
	MONITO	OR	NIS	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	07/01/2017			09/30/2017

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel eroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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TYPED OR PRINTED	arre and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No qualifying rain event

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137 001-ZA PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/30/2017

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI C				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

07/01/2017

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel eroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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TYPED OR PRINTED	arre and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No qualifying rain event

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137 001-LA PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

12/31/2017

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.077	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

10/01/2017

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137	1 [001-N1
PERMIT NUMBER]	DISCHARGE NUMBER
MONI	TORII	NG PERIOD
MM/DD/YYYY		MM/DD/YYYY
10/01/2017		12/31/2017

DMR Mailing ZIP CODE:

: 03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	****	*****	56	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	14	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	1.3	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	****	240	mg/L	1	Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEPI	HONE	DATE
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TYPED OR PRINTED	unic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137 001-UA PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2017

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.2	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

10/01/2017

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel eroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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TYPED OR PRINTED	arre and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137 001-ZA
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

12/31/2017

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.35	mg/L	1	Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

10/01/2017

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	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)87	3-1667	11/22/2017
TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.13	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137		001-N1
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	DRIN	IG PERIOD
MM/DD/YYYY]	MM/DD/YYYY
01/01/2018]	03/31/2018

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		AND	ITITY OR LOADIN	IG	(QUALITY OR CON	CENTRATION		∐ NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	86	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	5.8	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	2.4	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	170	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003)6/08/2018
TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

Γ	NHR053137			001-UA	
	PERMIT NUMBER			DISCHARGE NUMBER	
	MONITO	OR	RIN	G PERIOD	
	MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY				
	01/01/2018 03/31/2018				

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	****	*****	290	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.41	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

DMR Mailing ZIP CODE:

CODE: 03301

 MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.088	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003)6/22/2018
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137		001-N1			
PERMIT NUMBER		DISCHARGE NUMBER			
MONITORING PERIOD					
MM/DD/YYYY]	MM/DD/YYYY			
04/01/2018		06/30/2018			

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	****	****	54	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	15	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	1.4	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	1100	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Keri Beck	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70)6/22/2018	
TYPED OR PRINTED	and improdument of knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137	001-UA	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
04/01/2018	06/30/2018	

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	290	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

Γ	NHR053137			001-ZA			
	PERMIT NUMBER			DISCHARGE NUMBER			
	MONITORING PERIOD						
	MM/DD/YYYY			MM/DD/YYYY			
	04/01/2018			06/30/2018			

DMR Mailing ZIP CODE:

lalling Zii CODE.

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.37	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)70	6-7003)6/22/2018
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137	001-IW					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY					

09/30/2018

DMR Mailing ZIP CODE: 03301

MINOR

Impaired Water External Outfall

No	
Discharge	

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION		NO.	`	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	18.2	%		Annual	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.56	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	****	*****	1.3	mg/L		Annual	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

10/01/2017

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)87)2/07/2018	
TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137 001-LA PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 09/30/2018

Lead: Water Hardness 0-24.99 mg/l **External Outfall**

DMR Mailing ZIP CODE:

MINOR

No

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.3	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

07/01/2018

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	10/31/2018	
TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137		001-N1				
PERMIT NUMBER		DISCHARGE NUMBER				
MONITO	DRIN	IG PERIOD				
MM/DD/YYYY		MM/DD/YYYY				
07/01/2018	1	09/30/2018				

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		AND	ITITY OR LOADIN	IG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	150	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	18	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	5	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	320	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	10/31/2018	
TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

Γ	NHR053137			001-UA		
	PERMIT NUMBER		DISCHARGE NUMBER			
	MONITO	OF	RIN	G PERIOD		
	MM/DD/YYYY			MM/DD/YYYY		
	07/01/2018	7		09/30/2018		

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

			QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	410	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

Г	NHR053137		001-ZA				
L	PERMIT NUMBER	DISCHARGE NUMBER					
	MONITORING PERIOD						
	MONTO	אוואל	G FERIOD				
	MM/DD/YYYY]	MM/DD/YYYY				
	07/01/2018	1	09/30/2018				

DMR Mailing ZIP CODE: 03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

				IG	QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.94	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Raddatz	TELEP	DATE	
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TYPED OR PRINTED	and and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

\Box			00414						
1	NHR053137	- 1	001-LA						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
	10/01/2018	7	12/31/2018						

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No C

			ITITY OR LOADIN	IG	QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI E				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

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CONCORD, NH 03301

NHR053137	001-N1						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
10/01/2018	12/31/2018						

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI E				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI E				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI E				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

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NAME: SCHNITZER NORTHEAST

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FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

Γ	NHR053137	ſ		001-UA
	PERMIT NUMBER			DISCHARGE NUMBER
	MONITO	OR	NIS	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	10/01/2018	1		12/31/2018

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI E				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI E				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583)3/11/2019
TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137	001-LA
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
O1/01/2019	03/31/2019

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.058	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel evoperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	ane and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

Γ	NHR053137	ſ		001-N1	
	PERMIT NUMBER			DISCHARGE NUMBER	
	MONITORING PERIOD				
	MM/DD/YYYY MM/DD/YYYY				
	01/01/2019	1		03/31/2019	

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	22	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	****	*****	****	8.1	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	.81	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	****	****	410	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

Γ	NHR053137	Г	001-UA
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRII	NG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	01/01/2019	1	03/31/2019

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No

		QUAN	ITITY OR LOADIN	QUANTITY OR LOADING			CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.11	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702-2583)5/31/2019
TYPED OR PRINTED	and imprisonment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137 001-ZA
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

03/31/2019

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.31	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

01/01/2019

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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

Γ	NHR053137		001-LA
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2019	1	06/30/2019

DMR Mailing ZIP CODE:

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.073	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	ame and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137		001-N1					
PERMIT NUMBI	ER [DISCHARGE NUMBER					
N	MONITORING PERIOD						
MM/DD/YYY	Υ	MM/DD/YYYY					
04/01/2019	9	06/30/2019					

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	****	****	26	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	12	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.95	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	*****	220	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583)8/29/2019
TYPED OR PRINTED	and improdument of knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

Г	NHR053137			001-UA
	PERMIT NUMBER			DISCHARGE NUMBER
	MONIT	G PERIOD		
	MM/DD/YYYY			MM/DD/YYYY
	04/01/2019	1		06/30/2019

DMR Mailing ZIP CODE: 03301

J

Copper: Water Hardness 0-24.99 mg/l

External Outfall

MINOR

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	****	*****	.077	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702-2583)8/29/2019
TYPED OR PRINTED	ame and improvement for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137	001-ZA	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
04/01/2019	06/30/2019	

DMR Mailing ZIP CODE:

DE: 03301

 MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.44	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

Γ	NHR053137			001-IW						
	PERMIT NUMBER			DISCHARGE NUMBER						
	MONITORING PERIOD									
	MM/DD/YYYY			MM/DD/YYYY						
	10/01/2018	7		09/30/2019						

DMR Mailing ZIP CODE: 03301

MINOR

Impaired Water External Outfall

No	
Dischause	

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI D				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	****	****	*****	*****	*****	6.41	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	****	*****	.37	mg/L		Annual	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

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Monogon	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583	11/26/2019
TYPED OR PRINTED	ane and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137 001-LA PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2019 09/30/2019

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.055	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	ane and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137	001-N1								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY								
07/01/2019	09/30/2019								

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	****	****	24	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	10	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.37	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	*****	140	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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03301

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

DMR Mailing ZIP CODE:

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	80	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel eroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583	11/26/2019
TYPED OR PRINTED	ane and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137	001-ZA	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
07/01/2019	09/30/2019	

DMR Mailing ZIP CODE:

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

				QUANTITY OR LOADING		UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.16	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

l .	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	and improvince to knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137	001-LA
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

12/31/2019

DMR Mailing ZIP CODE: 03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.13	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

10/01/2019

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	ame and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137 001-N1 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2019 12/31/2019

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	****	130	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	11	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	5	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	*****	****	290	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	anc and improviment or knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

DMR Mailing ZIP CODE:

ZIP CODE: 03301

 ${\sf MINOR}$

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.28	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	ине ана търгосителя тог кночиту ченавело.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137 001-ZA
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY

12/31/2019

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

	QUANTITY OR LOADING			IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.54	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

10/01/2019

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

DMR Mailing ZIP CODE:

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI Z				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137	001-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	03/31/2020

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	****	****	NODI Z				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI Z				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	****	NODI Z				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI Z				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137	001-UA	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
01/01/2020	03/31/2020	

DMR Mailing ZIP CODE:

-----**3** --- - - - -

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI Z				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137	001-ZA	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
01/01/2020	03/31/2020	

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI Z				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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NAME: SCHNITZER NORTHEAST

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137	001-LA	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
04/01/2020	06/30/2020	

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI F				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	ame and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NODI indicator F - Insufficient Flow for Sampling

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

Γ	NHR053137			001-N1
	PERMIT NUMBER			DISCHARGE NUMBER
	MONITO	OR	RIN	G PERIOD
	MM/DD/YYYY]		MM/DD/YYYY
	04/01/2020	1		06/30/2020

DMR Mailing ZIP CODE:

ODE: 03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	O	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI F				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI F				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI F				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI F				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

Г	NHR053137		001-UA				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITO	DRIN	G PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	04/01/2020	1	06/30/2020				

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI F				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583)9/08/2020
TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

Γ	NHR053137		001-ZA					
Г	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITO	DRIN	G PERIOD					
	MM/DD/YYYY		MM/DD/YYYY					
	04/01/2020	1	06/30/2020					

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

	QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI F				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

		Gary Raddatz	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702-2583)9/08/2020
TYPED OR PRINTED	fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137	001-IW
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

09/30/2020

DMR Mailing ZIP CODE:

03301

MINOR

Impaired Water **External Outfall**

No	
Dischause	

		QUANTITY OR LOADING			O	UALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	20.4	%		Annual	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.38	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	****	*****	9.6	mg/L		Annual	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

10/01/2019

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel—properly aghter and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702-2583		11/24/2020
TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137	001-LA	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
07/01/2020	09/30/2020	

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.68	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137	001-N1							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							
07/01/2020	09/30/2020							

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		AND	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	320	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	19	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.6	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	****	370	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	ane and improviment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137	001-UA	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
07/01/2020	09/30/2020	

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	1700	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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İ	TYPED OR PRINTED	ame and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 69 Rover Street

Everett, MA 02149 FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

Γ	NHR053137	Γ	001-ZA				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY]	MM/DD/YYYY				
	07/01/2020	7	09/30/2020				

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	1.5	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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CONCORD, NH 03301

	NHR053137		001-LA
	PERMIT NUMBER		DISCHARGE NUMBER
_	MACHITA		0.050100
l	MONITO	ZKIN	G PERIOD
[MM/DD/YYYY]	MM/DD/YYYY
ſ	10/01/2020	1	12/31/2020

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No

	QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.49	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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CONCORD, NH 03301

Γ	NHR053137	ſ		001-N1				
	PERMIT NUMBER			DISCHARGE NUMBER				
	MONITORING PERIOD							
	MM/DD/YYYY			MM/DD/YYYY				
	10/01/2020			12/31/2020				

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	180	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	****	*****	****	11	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	6.2	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	****	****	200	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

1	iffy under penalty of law that this document and all attachments were prepared under my tion or supervision in accordance with a system designed to assure that qualified personnel erly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
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CONCORD, NH 03301

NHR053137		001-UA
PERMIT NUMBER		DISCHARGE NUMBER
MONIT	ORIN	G PERIOD
MM/DD/YYYY		MM/DD/YYYY

12/31/2020

DMR Mailing ZIP CODE:

03301

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	810	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

10/01/2020

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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137 001-ZA
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY

12/31/2020

DMR Mailing ZIP CODE:

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.84	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

10/01/2020

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FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137 001-LA PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/31/2021

DMR Mailing ZIP CODE:

03301

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.039	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

01/01/2021

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CONCORD, NH 03301

NHR053137	001-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	03/31/2021

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	19	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	1.6	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	.017	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	*****	****	370	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and improdument of knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

DMR Mailing ZIP CODE:

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	270	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583)4/14/2021
TYPED OR PRINTED	and improviment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

Γ	NHR053137			001-ZA
	PERMIT NUMBER			DISCHARGE NUMBER
	MONITO	OF	RIN	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	01/01/2021	7		03/31/2021

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.11	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583)4/14/2021
TYPED OR PRINTED	and improviment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03301

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

Г	NHR053137		001-LA
Г	PERMIT NUMBER		DISCHARGE NUMBER
Ξ	MONITO	RIN	G PERIOD
	MM/DD/YYYY	1	MM/DD/YYYY

09/30/2021

DMR Mailing ZIP CODE:

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	1.1	ug/L		Quarterly	Grab
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	14 MAXIMUM	ug/L		Quarterly	Grab

07/01/2021

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583	10/25/2021
TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137		001-N1
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	DRIN	IG PERIOD
MM/DD/YYYY]	MM/DD/YYYY
07/01/2021	1	09/30/2021

DMR Mailing ZIP CODE:

03301

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No

		QUAN	ITITY OR LOADIN	NG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	*****	< 5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	< 50	ug/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1100 MAXIMUM	ug/L		Quarterly	Grab
Copper, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	3.1	ug/L		Quarterly	Grab
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	5.19 MAXIMUM	ug/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	42	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(603)702-2583		10/25/2021
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST SANDQUIST STREET FACILITY

LOCATION: 25 SANDQUIST STREET

CONCORD, NH 03301

NHR053137	001-ZA						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						

09/30/2021

DMR Mailing ZIP CODE:

03301

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	11	ug/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	37 MAXIMUM	ug/L		Quarterly	Grab

07/01/2021

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TYPED OR PRINTED	ame and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY